



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| | | | |
|---|--------------------------|---------------------------------|------------------------------|
| PART I LOBBYIST | | | |
| NAME (Last) Powers | (First) Alison | (Middle) U. | TELEPHONE 521-7233 |
| MAILING ADDRESS (Street) 1001 Bishop St., Pauahi Tower Suite 2010 | | | FAX 538-0055 |
| (City) Honolulu | (State) HI | (Zip Code) 96813-3695 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Hawaii Insurers Council | | | TELEPHONE 521-7233 |
| MAILING ADDRESS (Street) 1001 Bishop St., Pauahi Tower Suite 2010 | | | FAX 538-0055 |
| (City) Honolulu | (State) HI | (Zip Code) 96813-3695 | |

| | | | |
|--|----------------------|---------------------------------|------------------------------|
| PART II ORGANIZATION | | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Insurers Council | | | TELEPHONE 521-7233 |
| MAILING ADDRESS (Street) 1001 Bishop St., Pauahi Suite 2010 | | | FAX 538-0055 |
| (City) Honolulu | (State) HI | (Zip Code) 96813-3695 | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Alison Powers | | | TELEPHONE 521-7233 |
| MAILING ADDRESS (Street) 1001 Bishop St., Pauahi Suite 2010 | | | FAX 538-0055 |
| (City) Honolulu | (State) HI | (Zip Code) 96813 | |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Alison Powers

(Signature of Lobbyist)

12-15-04

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Alison Powers

Executive Director

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaiian Insurers Council

521-7233

MAILING ADDRESS (Street)

FAX

1001 Bishop St. Pauahi Suite 2010

538-0055

(City)

(State)

(Zip Code)

Honolulu

HI

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Alison Powers

(Signature of Authorizing Officer or Person Represented)

1-11-05

(Date)